

# Thyroid Nodule Evaluation

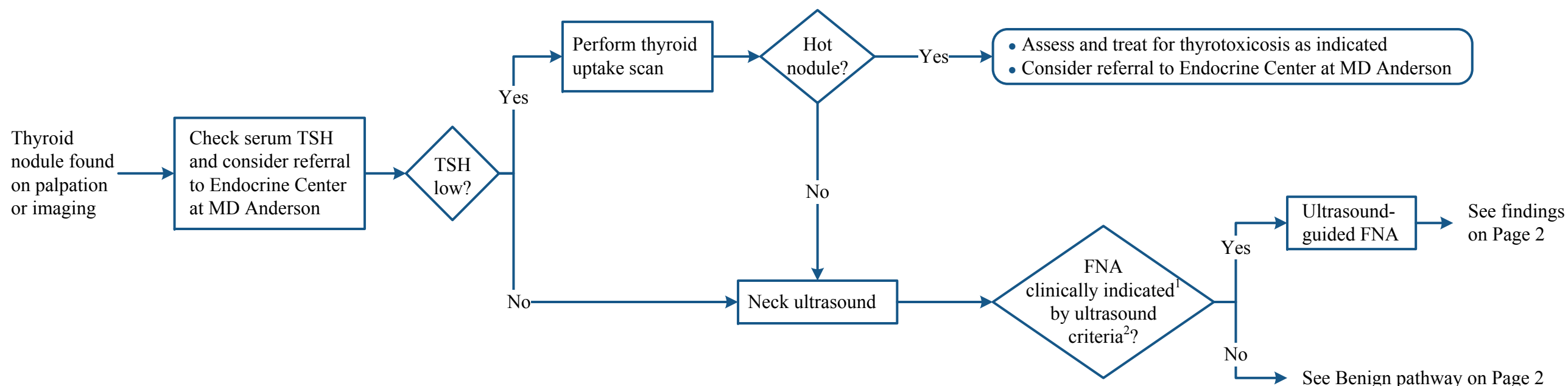
*This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.*

**Note:** Consider Clinical Trials as treatment options for eligible patients.

## INITIAL EVALUATION

## ADDITIONAL EVALUATION

## TREATMENT



TSH = thyroid stimulating hormone

FNA = fine needle aspiration

<sup>1</sup> Detection of abnormal lymph nodes should lead to FNA of the lymph node as well.

<sup>2</sup> Reference the American Thyroid Association (ATA) guidelines

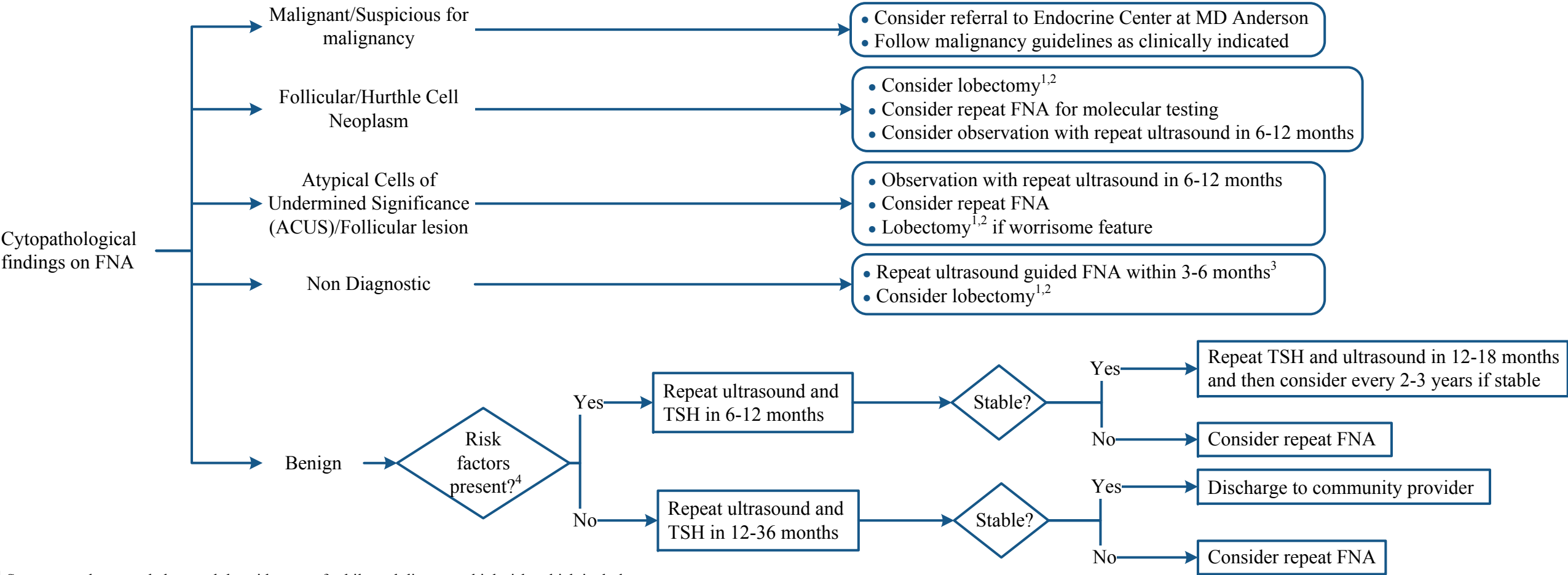
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## CLINICAL PATHOLOGIC FINDINGS

## TREATMENT



<sup>1</sup> Surgery can be extended to total thyroidectomy for bilateral disease or high risk, which includes family history of thyroid cancer, radiation exposure, unilateral nodule greater than or equal to 4 cm, especially in men, or patient's preference.

<sup>2</sup> For patients who underwent lobectomy, Thyroid Function Tests (TFT) should be repeated at 4 to 8 weeks, 6 months and 12 months post-op to rule out hypothyroidism.

<sup>3</sup> If repeat FNA is nondiagnostic, consider surgery or follow-up as benign pathology with risk factors.

<sup>4</sup> Risk factors:

- Family history of thyroid cancer
- History of radiation exposure to the head/neck
- Suspicious ultrasound features
- Childhood cancer survivor
- Familial adenomatous polyposis
- Cowden syndrome

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## SUGGESTED READINGS

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## DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Endocrine Center Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following endocrinologists, pathologists, surgical oncologists, radiologists, and nuclear medicine physicians.

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